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FOR
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THE AMERICAN SCHOOL HEALTH ASSOCIATION

AMERICAN SCHOOL HEALTH ASSOCIATION

Organized 1927

Devoted to the interests and advancement of those engaged in school health activities and the service rendered by them

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October, 1960 to October, 1961

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I, ..., hereby apply for membership in the American School Health Association and enclose $4.00 for annual membership dues, including a year's subscription to the Journal of School Health.

Date..... (Signed) .....

....
Official Position Address

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THE JOURNAL OF SCHOOL HEALTH

Devoted to the interests and advancement of school health service and instruction. Your participation by membership is solicited.

Vol. XXX December, 1960 No. 10

ANNUAL REPORT OF THE EXECUTIVE SECRETARY OF THE AMERICAN SCHOOL HEALTH ASSOCIATION

September 1, 1959 to September 1, 1960

A. O. DeWeese, M.D.

The activities of your central office throughout the year have been similar to that of last year. A long detailed report of what is involved with an organization as large as ours and the equipment and machines used in its function was made to you last year. To repeat it would be a tiresome repetition. In brief these come under the following activities:

1. Maintaining an accurate bookkeeping and cross index file on some 7,000 members. The magnitude of these duties can best be understood by realizing that our membership is almost half that of the American Public Health Association.
2. Functioning as circulation manager and business manager of the Journal.
3. Executing the decisions of the Governing Council and Executive Committee.
4. Liaison agent for the thirty-four committees of the organization.
5. Professional promotion activities.
6. School health consultation and information services.

The regular activities and business of the Association is directed by 14 standing committees consisting of some 90 fellows and directed by the President.

To these are added each year special committees for current problems. This year we have four of these consisting of 33 fellows.

The professional growth of the Association is entrusted to the Committee on Study Committees. This committee this year has 16 different study committees consisting of over three hundred fellows and members. All of these committees of the Association have been active during the year. This activity coupled with the interest, enthusiasm and hard work of the president and other executive officers has made a very successful year.

The Association has representatives on seven co-operative national committees of seven national associations and participates in a school health session at the annual meeting of both the National Tuberculosis Association and the American Medical Association.

The official publication of the Association, the Journal of School Health is recognized both nationally and internationally for its contribution to school health. During the past year it has been expanded.

As long as these activities are kept at their present level, the Association will continue to be a major force in the activities and progress of school health in America.

Financial Status

The Association has spent during the past year $2,210.85 more than it received in dues and other minor incomes. The total expenses for the year were $29,994.63 and the total income was $27,783.11. This leaves a deficit of $2,210.85. However, we had a working balance last year of $3,966.33. This still leaves us a working balance of $1,746.98.

This year's deficit is due to an error last year in judgment in anticipating our receipts for the year September 1, 1959 to September 1, 1960. Based on the receipts of 1958–59, we anticipated that the total receipts for this past year would be in the neighborhood of $30,000.00.

Your Executive Secretary recommended to your Budget Committee that they could safely budget this amount for the year September 1959 to September 1960. This was an increase of approximately $5,800.00 above the 1958–59 budget.

The Budget Committee with some slight variations accepted the recommendations of the Executive Secretary and rendered to the Governing Council a total budget of $30,750.00 for the year 1959–60. This budget was approved by the Governing Council.

This increase was distributed approximately as follows. The amount budgeted to the Journal was increased from $11,250.00 to $14,028.00. This was an increase of $2,778 00. The actual expenditures for the Journal this year were $14,518.47 or $490.47 in excess of the amount budgeted.

The amount budgeted to the business office was increased from $10,975.00 to $12,850.00. This was an increase of $1,875.00. The actual expenses of the business office were $11,339.82 or $1,510.18 less than the amount budgeted.

The amount budgeted to convention expense was increased from $1,090.00 to $1,915.00. This was an increase of $825.00. The actual expenses for the year were $1,925.20 or an excess of $10.20 of the amount budgeted.

Other miscellaneous increases were as follows. The grant to the chairman of the study committees was increased from $100.00 to $200.00. The grant to the president was increased from $200.00 to $500.00. The program chairman was allotted $100.00 for travel expense.

Membership

During the last statistical year we had 945 withdrawals. The withdrawals this year were 1014, or 69 more than last year. The number of new members added last year was 1238. The new members this year were 1,116 or 122 less. In addition to this loss we have as of this date 151 members who have had four notices of non payment of dues without a response. Practically all of them will have to be dropped for non payment of dues during the coming year.

Since this year the total number of new members was 1116 and the total withdrawals were 1014, we still have an increase of membership this year of 102. The increase in membership last year was 293 or 191 more than this year.

During the year we had an increase of membership over withdrawals of 41 physicians; 11 dental hygienists; 245 nurses and 27 agencies.

We had a loss of 4 dentists and 228 health educators.

Budget for 1960–61

In view of the fact that we were in the red this past year $2,210.85 on last year's budget, we still think it safe to recommend the same budget for the 1960–61 that was in effect this past year. If we can increase our membership by 300 over this year's increase, we could anticipate an income to cover the old budget, if we included the $1,746.98 balance in our working balance. Needless-to-say there could not be any increases in the budget items as of last year.

Should The Dues Be Increased?

The excuses we get for the withdrawals or failure to join the association involve finances. This is particularly true of nurses and health educators in the lower salary brackets. They are in most instances urged to belong to other professional organizations through pressure which we do not have.

Those of our members in the higher salaried brackets are usually eligible to fellowship. If they are willing to contribute more for their membership, they can do so by applying for fellowship.

From the fluctuation of the membership this year it is our judgment that an increase of membership dues at this time would not aid our finances. Seven thousand members at $4.00 each would give the same income as 5,600 members at $5.00.

To arrange a budget that would anticipate additional income from the increase of dues would, therefore, be out of the question. A budget that would include these additional expenditures based on increase of dues would have to be made one year after such increase in dues had gone into effect.

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS

THE AMERICAN SCHOOL HEALTH ASSOCIATION

September 1, 1959 to September 1, 1960

CASH IN BANK—September 1, 1959		$ 6,966.33
RECEIPTS		
Dues—Memberships	$10,740.00	
Subscriptions	2,057.40	
State Affiliates	4,996.00	
Agencies	4,046.68	
Fellowships	4,403.00	
Copies of Journal	217.02	
Reprints	451.18	
Life Memberships	75.00	
Advertising	202.50	
Refunds	580.00	
Cancellation check 6-26-59—Related Organ	15.00	
TOTAL RECEIPTS		27,783.78
TOTAL		$34,750.11

EXPENSES

OFFICE OF SECRETARY

Salary—Executive Secretary	$ 2,760.00	
Salary—Comptroller	3,600.00	
Salary—Clerical	2,330.00	
Office Equipment	143.85	
Stationery, Mimeographing and supplies	855.97	
Postage	750.00	
Executive Secretary Expense	300.00	
Office Rent for Headquarters	600.00	
		$11,339.82

JOURNAL EXPENSE

Spahr & Glenn—Printing—reprints and mailing Journal	13,518.47	
Administrative Expense—Editor	1,000.00	
		$14,518.47

CONVENTION EXPENSE

General Expense	1,925.01	
Printing Programs	436.98	
Awards	3.29	
		$ 2,365.28

COMMITTEE EXPENSE

Program Committee	100.00	
Membership Committee	200.00	
Director of Study Committees	200.00	
Fellowship Committee	194.16	
		$ 694.16

MISCELLANEOUS

President Expense	500.00	
Legal and Auditing	46.00	
Bond	50.00	
Refunds and Bank Service Charge	13.00	
Telephone and Telegraph	150.00	
Express	75.00	
Membership—related organizations	31.50	
Janitorial Expense	72.00	
Payroll Taxes	139.00	
		$ 1,076.90

TOTAL EXPENSES	$29,994.63
Balance Before Adjustments—	4,755.48
Bank debit memos and credits Returned checks and bank charges	8.50
ADJUSTED BANK BALANCE	4,746.98
WORKING BALANCE	$ 1,746.98

ESCOTT & BARKER
Public Accountants

MEMBERSHIP REPORT

September 1959 to September 1960

MEMBERS	OLD	NEW
Alabama	8	0
Alaska	7	0
Arizona	31	11
Arkansas	5	1
California	699	127
Colorado	77	7
Connecticut	75	10
Delaware	31	9
Dist. of Columbia	23	4
Florida	25	3
Georgia	20	3
Hawaii	7	0
Idaho	10	1
Illinois	255	27
Indiana	117	13
Iowa	76	5
Kansas	57	11
Kentucky	9	1
Louisiana	25	5
Maine	15	2
Maryland	46	16
Massachusetts	120	17
Michigan	167	27
Minnesota	49	10
Mississippi	3	2
Missouri	84	9
Montana	9	1
Nebraska	9	0
Nevada	6	0
New Hampshire	28	3
New Jersey	519	136
New Mexico	31	6
New York	1307	222
North Carolina	36	7
North Dakota	7	1
Ohio	257	30
Oklahoma	9	2
Oregon	33	4
Pennsylvania	346	50
Rhode Island	27	5
South Carolina	8	0
South Dakota	10	2
Tennessee	35	3
Texas	182	25
Utah	8	3
Vermont	7	2
Virginia	36	12
Washington	50	4
West Virginia	26	5
Wisconsin	65	15
Wyoming	8	2
Canada	30	6
Foreign	43	13
TOTAL	5173	(880)

PRESENT ACTIVE MEMBERSHIP	
Doctors	984
Dentists	40
Dental hygienists	150
Nurses	2848
Health educators	1151
TOTAL	5173

SUBSCRIPTIONS WITH MEMBERSHIP

Educational	288
Libraries	749
Public Health Dept	355
Tuberculosis Societies	31
Exchanges	37
Foreign	131
TOTAL	1591

NEW Members and Subscriptions

Doctors	124
Dentists	3
Dental Hygienists	28
Nurses	518
Health educators	207
Subsscription	236
TOTAL	1116

WITHDRAWALS

Doctors	83
Dentists	7
Dental hygienists	17
Nurses	273
Health educators	425
Subscriptions	209
TOTAL	1014

INCREASE IN MEMBERSHIP	102
TOTAL MEMBERSHIPS	5173
TOTAL SUBSCRIPTIONS	1591
TOTAL	6764

THE WILLIAM A. HOWE AWARD TO HOLGER F. KILANDER*

A prominent contemporary churchman described a liberally educated person as one who has a clear, conscious view of his own opinions and judgments, seeks truth in developing them, is eloquent in expressing these judgments, and is forceful in arguing them. There were other characteristics mentioned, to be sure, but if these are some acceptable criteria for judging an educated man, then the 1960 recipient of the Howe Award, Holger F. Kilander qualifies fully.

"Kellie", as he is affectionately known by us all, has risen to the top of his profession. He has done so, not by accident, but because he has reflected these admirable qualities in his approach to the problems in his field. We cite him tonight because by the force of his own talent, motivated by an indomitable will to serve, Kellie has rendered unto Caesar that which is Ceasar's due. Rarely has our association been served by one who exemplifies with such absolute clarity the happy combination of altruism, sharp intellect, and an infinite capacity to be useful.

Kellie is contemporary. He belongs only partly to the past. He is one of the middle generation of members of this Association who followed the founders in when they let the bars slip a little to admit a few of that dubious breed known as "educators"! But actually the man is so young in spirit and fresh in his ideas as to be indistinguishable from some of our newly admitted members. If there has been a task, or is now one which Kellie cannot or would not fill for the good of the fellowship, its identity escapes me completely.

For here is truly a professional cosmopolite. His record is fantastically broad. He is a writer of distinction. He is a stimulating professor in health education at New York University. His research effort is renowned. He is a sportsman, a world traveller, a raconteur, and an administrator.

To identify him precisely, we would say that he was born in Minnesota, educated in St. Peter, Minnesota as a child, and is an illustrious graduate of Gustavus Adolphus College. His advanced degrees were earned at Columbia University and with that education behind him, he began to teach in Minnesota, and soon in New Jersey. It might be fair to say that he first went into orbit in health education as Administrative Dean and Professor of Health Education at Panzer College in East Orange, New Jersey. He did time during the war as a consultant in the Office of Defense, Health, and Welfare in the Federal Security Agency in Washington and thereafter served with the National Tuberculosis Association in New York City. In 1951, he was the Assistant National Director of the First-Aid Service with the American Red Cross. Leaving that enterprise, he became a Specialist in Health Education in the United States Office of Education until 1953 when he assumed his present professorship at New York University.

His record of work and consultant service is far too extensive to list and he holds membership in all professional associations of significance in school and public health. In our own Association, he has served two years as our President and has been a Fellow since 1947, and a member

*The William A. Howe Award is the highest award made by the American School Health Association. It is presented annually at the banquet of the Association meeting.

of the Executive Committee since 1951. He has been our Assistant Editor and served for four years as chairman of our Committee on Study Committees. He is a Fellow and has been a member of the Governing Council of the American Public Health Association, and he has been an important functionary in the Conference on Health and Colleges. His ancillary interests involve the national YMCA, the American National Council for Health Education of the Public, and the American Social Health Association.

I have listed only some of the many associations and organizations within which he has contributed his efforts. Truly nothing seems to be beyond this man's scope and range of interests. He holds the Silver Beaver and Lamb awards from the Boy Scouts of America. He has been Vice President of the Department of United Churchmen of the National Council of Churches, and is currently President of the Lutheran Men of America. He has written or been a participant in the writing of over one-hundred and fifty articles, tests, bulletins, reports, books, and yearbooks.

The record speaks eloquently for the breadth of the man. He belies the off-heard accusation that the talented specialist is unable to detect what is sophistical, and to discard what is irrelevant. You have the feeling about him that, being liberally educated, he is prepared to "fill any post with credit and to master any subject with facility."

It it because of these qualities and the record these qualities made possible that Dr. Kilander becomes the 1960 recipient of this, our honored award. Stephen Spender would not mind if I presented Kellie to you in paraphrase: "Born of the sun—he has travelled a short while towards the sun—and left the air signed with his honor."

DEL OBERTEUFFER,
San Francisco, 1960

* * * * *

SEVENTH NATIONAL CONFERENCE ON PHYSICIANS AND SCHOOLS

DONALD A. DUKELOW, M.D.
Department of Health Education, American Medical Association

"Should we establish national norms based on a test or tests of physical performance, and rate children and youth according to such norms?"

"With today's crowded curriculum, how can we find adequate time for health instruction and physical education at the various school levels and how much time is needed?"

"Do periodic health examinations pay off in terms of the medical manpower they require? Would examination prior to school entrance, with future examinations dependent on referral by teachers, parents, nurses and others, be a better system?"

"Should we set up health knowledge, attitudes and behavior standards to be reached at each grade level? Should we establish national minimum standards?"

"How can we bring about better application of agreed-upon procedure for classifying pupils for physical education and alleviating the problems of medical excuses?"

These are the five significant issues discussed in the 134 page Report of the Seventh National Conference on Physicians and Schools which is now available. The Conference was held at Highland Park, Illinois, in October, 1959 by the American Medical Association's Department of Health Education.

Each of these issues was considered in the same manner. At a general session speakers presented the differing opinions of medicine, education and public health regarding the issue or the arguments for and against it if controversial. The entire conference then discussed the issue in seven small groups, and the reports presented by the recorders were latter fused into a common abstract for publication.

The presentation of several sides of a question prior to discussion was an innovation. It permitted group discussions to be based on authoritative statements carefully prepared in advance by advocates of the several possible opinions on each issue. This, it is believed, will make the concensus expressed more valid than when discussion was based on unilateral orientation.

One must read the pros and cons to appreciate the implications of each issue, but the following brief abstracts suggest the tone of discussion.

National Norms for Fitness

Professional people interested in tests and measurements have made a major contribution to our understanding of man. Comparing a child with a standard or norm should not jeopardize the possibility of the teacher recognizing individual differences, but should actually enhance the situation. A raw score becomes meaningful only when compared to a norm. Considering the extent to which physical fitness tests have already been given, it is too late to ask "Will we have national norms?" So say the "pros."

The spokesman for the "cons" points out the difficulty of defining "normal" especially in growing children. Likewise, the "average" person or child defies definition. We cannot expect the individual boy and girl to meet the tasks of life and the demands of maturation effectively if in our various programs and practices we persistently deny the basic ineradicable differences among individuals and impose upon them the tyranny of the norm.

Time for Teaching Health and Physical Education

Time for health and physical education was accepted as desirable, but the primary need is to determine what is to be taught, the time needed to teach it, and a systematic allocation of time in both the elementary and secondary school.

A high school superintendent points up the need for more effective utilization of time now available; consideration of the adequacy of the physical space, buildings and equipment; more critical examination of the organization of the school year, school day, pupil programs, teacher assignments, class size and credit arrangements; and the presentation of these problems to those individuals and groups responsible for curriculum and instruction policies. Obviously the school cannot have everything.

The city director, after suggesting several plans, points up the need for defining needs, defining goals, making plans, building program, and evaluating the program while using it. Every pupil, to the limit of his

capacity, should have the opportunity to develop and maintain good physical and good mental health.

The state director was aware of the varying concepts of time and priority, and recommended one class hour per day throughout the school life of the child as the minimum to achieve the purposes of instruction in health and physical education. This must be regardless of demands for momentarily popular curricular inclusions.

Are Periodic Health Examinations of School Children Worthwhile?

"The school medical services are taxed with placing too much emphasis on finding defects and not enough on correcting them," is the opinion of a physician who goes on to show that by the time the annual examination is performed the vast majority of conditions are already under care, known to the school, or capable of discovery by teacher referral or absentee follow-up. The newer approach, geared to the changing times and the changing medical needs of the present generation is a school physician positively and actively directed toward care and follow-up of conditions brought to light by procedures not requiring the time of a physician.

Regular health appraisals in whatever way they are obtained are desirable, according to another physician. If the school child could be examined by his family physician and the records transmitted to the school, this would be a most desirable procedure, but since many parents cannot or will not provide examinations and since the reports of many doctors are not meaningful to school people, school examinations are necessary for the child's protection. It will be some time before it will be safe to depend on teacher observation and nurse conference for locating the child who needs referral to the physician.

An educator stated that periodic examinations are worth the time, money and effort because they insure that all children have the benefit; they discover health needs earlier than teacher or nurse referral; they supplement the family physician's services; they demonstrate good health appraisal practices; they bring to the school advice on educational adjustment of the individual child; they provide an educational experience; they make health education practical, personalized and positive; and they provide an opportunity for health counseling of pupils and parents.

Standards of Study for Health Education

The speaker for standards shows that only by the establishment of standards can we raise health education to the same level of excellence and respectability as that of such long established areas as English, mathematics, social studies, and science. Standards of achievement in health education can best be developed on a national level and based on the ideas that the health problems of children throughout the country are quite similar; children develop in the same manner and learn in accord with the same principles of educational psychology; and the health education needs do not differ significantly from state to state. The development of standards is basic to further progress.

Against this concept are offered the arguments that standards ignore the sovereignty of the individual; make for rigidity in curriculum planning; assume that the specific objectives for health education will be the same across the country; ignore the facts of the nature of learning and teaching; stress the quantitative aspects of learning; assume that knowledge,

practices and attitudes are equivalents; and do not meet the fundamental problems of present day education.

Classification of Pupils for Physical Education

The physician finds a real problem in the abuse of excuses as well as obtaining suitable physical education for children with handicaps. He should be allowed the opportunity to guide the individual with a handicap or disability into a modified program of physical education which will assure minimum hazards and maximum benefits from participation. He should not be in the negative role of restricting all participation because of an inflexible program. To classify pupils properly he must be acquainted with available physical education programs which may include physical therapy for the more seriously handicapped.

A physical educator states their acceptance of this concept of modified activity programs but points out the effect on physical education programs of class scheduling, class size, number of teachers, number of teaching stations, and amount of equipment. Teachers are forced by these influences to be concerned with the majority and forget the minority who do not fit the program.

A teacher of physical educators holds out hope that these problems can be resolved in time, and that physical educators are now learning to meet better the needs of pupils so that physicians' recommendations can be effectively performed.*

*This is a bare abstract—a mere suggestion of the carefully prepared papers of fourteen recognized authorities and the deliberations of 200 equally informed discussants. And all of this is topped with the words of Mr. Homer Wadsworth, Chairman, President's Citizens Advisory Committee on the Fitness of American Youth and the rare humor of Dr. I. Harvey Flack, Editor of "Family Doctor," London, England, who discussed "Problems of Communication in Health Education."

The Report of the Seventh National Conference on Physicians and Schools may be purchased from the Order Unit, American Medical Association, 535 North Dearborn, Chicago 10, Illinois, at one dollar per copy.

* * * * *

NEWS NOTES OF INTEREST

• A Workshop held at the University of Kentucky has resulted in a guide for the organization and teaching of weight control classes. The guide includes a list of practical suggestions for organizing classes, an outline of subject matter, record form, a bibliography, and ideas for measuring progress. Participants will use the guide for a year or longer and then will schedule another workshop to evaluate the guide and consider necessary revisions. The Workshop was sponsored by the Kentucky Cooperative Extension Work in Home Economics and the Kentucky Department of Health.

• The late Winter, 1960 issue of *What's New* published by Abbott Laboratories, North Chicago, Illinois includes a variety of articles which may be of interest to our readers. "Senior Citizen at the Crossroads" is Part IV of a series of papers on the subject of the aging population. Several specific examples of rehabilitation programs are described.

• "Designed for Waiting" by Mildred Constantine is focused on the design of the three basic rooms which usually comprise a doctor's office:

"a reception room, the dark, private room where interviews are conducted and the white room in which treatment is administered." The author, who is Curator, Department of Architecture and Design, New York City Museum of Modern Art, states: "Since feelings, both mental and physical, are conditioned by visual environment, the waiting room should have a symbolic value—evidence of the doctor's respect and sympathy for his patient."

• "Hypnosis in the Treatment of Obesity" is based on a study by L. B. Winkelstein and reported in detail in the *New York State Journal of Medicine*, May 1, 1959. The one-page summary in *"What's New"* summarizes the results obtained with 42 female patients. Recorded weight losses ranged between 9.25 and 58.5 pounds, with slightly less than 27 pounds as the average loss for the entire group during the six-month period. The writer concludes: "Even when the active trance theraphy had been stopped, the effective changes in the dietary regime were not lost."

• "School Phobia" is the subject of an article in which increasing concern is expressed for the child "in whom persistent and intense aversion to school is a clear-cut emotional disturbance." Previous studies have shown that "school phobia" is most frequently found in children between the ages of six and ten years. Fifteen additional references appear at the conclusion of the article. British Medical Journal. Sept. 17th 1960. Page 848.

• Delaware, like a number of states, has taken a long and careful look at its health education program. Early this school year, through a check with the administrators, it was found that more schools were offering health instruction as a separate course than had been anticipated. Other schools are providing health instruction combined with science, home economics, and physical education. A very small percentage had no instructional courses.

During a workshop of Secondary Principals and State Department of Public Instruction personnel in June, 1958, to revise the Delaware "Handbook for Secondary Schools", it was agreed, after much discussion, to recommend the following regulations concerning health instruction in addition to the required physical education: "Health education, as required by law, shall be offered, in addition to the physical education periods, for a minimum of seventy-two periods in grades seven and/or eight".; "Health education, as required by law, shall be offered for a minimum total of seventy-two periods during the time that a pupil is in grades ten, eleven or twelve. This is in addition to the physical education requirement." These regulations were adopted by the State Board of Education, December 17, 1959 and become effective immediately.

Health education receives one-half credit in the senior high school towards graduation. By placing the requirement on a combined grade basis, considerable scheduling flexibility is given to the administrator. As a result of the above adopted regulation, it is felt Delaware has taken a giant step forward in health education.

☆ HOW WE DO IT ☆

School Policy With Regard to Sale of Refreshments and Dental Health

Local school authorities are faced with considerable responsibility for providing a healthful environment for school children and for protecting them so far as possible from practices and habits which are detrimental to health. This is a major State Education Department policy*, directing attention of schools to the harmful consequences from the sale of candy and soft drinks in the school. As dental hygiene teacher, I was greatly concerned about this widespread and popular practice in my school district.

The sale of candy in the school had a two-fold purpose. It provided an in-between meal snack for students participating in extra-curricular activities and the profits were used to help finance the senior trip to Washington, D. C. On the other hand, it was contributing to a development of a taste for excessive amounts of sweets in later years and exposing children's teeth to higher dental caries experience.

The harmful effects of this school practice was brought to the attention of the school officials. It was suggested that a substitute measure, such as installing an apple vending machine, may have the same beneficial value of satisfying between-meal appetites and in fund-raising campaigns. The supervising principal presented the idea to the student council. It was agreed to place a machine on a trial basis in the cafeteria. A fruit company installed the vendor, keeps it filled, and serviced. The students are now provided with a wholesome food supplement and fill-in between meals.

The response was enthusiastic. Rules for the use of the machine were announced over the public address system. It was to be used only during the lunch hour and after school; apples were not to be eaten on buses and the cores must be discarded into waste receptacles. As a result of the splendid cooperation of students and staff, the apple dispenser was permanently installed. We feel that this school policy is helping to guide children in developing desirable eating and living habits.

DOROTHY GRIFFIN,
Dental Hygiene Teacher,
Roeliff Jansen Central School,
Hillsdale, New York

* * * * *

A Health Class Teaching Procedure

To facilitate a broader experience in health knowledge, to create a greater interest and understanding of problems to be faced, and to increase the reading regularity of students, the following technique was brought about.

Each person in the class is assigned a number from one through thirty-five. One day a week is set aside for the students to bring in articles

*Policy letter to school superintendents and principals, sale of candy and soft drinks containing refined carbohydrates on school property, New York State Education Department, March, 1958, Albany.

(mostly controversial) regarding these facets of health: mental, physical, social, and moral. At the beginning of the class, we select a number and multiply it by one . . . then two, three, four, five, and six. We then increase the number—progressively up to six—over whatever length of time it may take. The person having the number selected is graded on the basis of the class discussion and the interest his topic brings about. Others may volunteer without their number being brought up and may contribute enough to be graded on the merit of just this contribution.

Usually, we throw the point of discussion up for an "opinion scramble." After we have discussed it thoroughly, we allow the person who proposed the topic to give the final answer.

The topics are not allowed to be over one week old, unless the point is new to everyone. The success of this procedure is proportionately determined on the introduction of the topic. We follow a pattern something like this: (Let's assume number twelve has been selected.)

1. "I am number twelve"—He mentions his name.
2. "My topic deals with both social and mental health."
3. "My source from which this topic was taken was last night's Ann Lander's column." (Reads main thought)
4. "The main point to consider is . . ." He states the controversy; superstititon; mental, physical, or moral belief. "Any opinions?"

Our best points are saved for further discussions, panels, or other classes. We select numbers as many times as possible, but sometimes one or two selections ignite such a discussion that we can stop there. This individual contributing, plus the fact that each has sought out a topic, has allowed us a greater breadth of experience in the health picture. All reporters post their reports on the bulletin board until the next weekly "opinion scramble."

Tom Pagna,
11th Grade Health Teacher and Coach,
North High School,
Akron, Ohio

* * * * *

Interest in Good Teeth

Park Rapids Area Schools carry on an annual dental health program where the dentists give their time, gratis, to come to the school to inspect the teeth of the elementary and junior high school students. A card is given each child to take to their parents to show the clinic findings. Following our last program, the apparent neglect of the six year molars in children of grade two required extra action.

I called our P.T.A. Council together and put the facts and the problem before them.

The result was that the Health Council held a coffee party for the second grade mothers, with one of the local dentists as speaker. He stressed the care of the six year molar and also had an opportunity to explain other phases of dental care for children of this age. Many questions were asked of the doctor and a good discussion followed.

P.T.A. financial assistance for repair of the six year molar was made available to families needing help. Only one family used the money. We found that when help was offered to the family that somehow they

managed to pay for the work themselves. Of the entire group only two children did not receive dental care.

We hope that we can repeat the program this year and follow up on the preceding one.

MRS. DELPHA HAYS WHITE, R.N.,
School Nurse,
Park Rapids Area Schools,
Park Rapids, Minnesota

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A STUDY OF FOUR HUNDRED AND EIGHTY-FIVE CASES OF MICROSPORON AUDOUINI

FLORINE N. THOMASON, R.N.
Chief Nurse, Richmond Public Schools

For years ringworm of the scalp (Microsporon Audouini) has been a most troublesome nuisance disease in the Richmond, Virginia Public Schools.

Because of the number of cases referred by the schools to the Dermatology Clinic of the Medical College of Virginia, local dermatologists, who also work in the clinic, arranged with our Medical Department to set up clinics in the schools to examine and treat with the drug, Fulvicin, those children with positive cases of audouini.

The following is the procedure used: The school nurses inspected under the Wood's lamp heads of children between the ages of 5–14 years. Specimens were taken from the children whose hair fluoresced. Each specimen had to be collected with a sterilized forcep. These were placed in small envelopes and were sent to the City Laboratory for examination and definite diagnosis. Because of the custom of oiling the hair, many specimens had to be taken again and re-processed as the cultures were contaminated.

Forms for permission to take part in this study were sent to parents of all children with positive cultures. These were filled in, signed, and returned to the school nurse. Forms which were furnished by the drug company were filled out by the school nurse on all children participating. The following information was recorded on this form: name, school, age, race, area of infection, previous treatment, barber shop patronized, and other members of the family with the disease.

Of the 485 specimens, taken, and processed by the City Laboratory, 430 were positive, 27 negative, and 28 were lost to the study (3 moved from the city, 5 refused treatment because of religious beliefs, 4 went to the MCV clinic, 16 went to private physicians).

Beginning February 25, 1960, clinics were set up in the schools—each meeting twice—once for the dermatologists to examine under the Wood's lamp those with positive cultures and administer the medicine (6 pills—½ gram each); the other to re-examine the children under the Wood's lamp six to eight weeks later to determine those who had been cured.

The dermatologists arranged with the drug company for the pills at a special price. These were sent to the City Health Department where they were packaged in individual envelopes with directions for dosage stapled to each envelope. Clinic reports and medicine were assembled

in the School Medical Department and distributed as needed. Those parents financially able paid $1.50 per child; those unable to pay were given the medicine free.

The 430 positive cases were all treated, as stated above, in the schools. The medicine was administered as follows: The first two pills were given to the child by the school nurse at the time of the initial clinic. The remaining 4 pills were re-sealed in the envelope and given the child to take at home—two at bedtime and two the next morning before coming to school. The time the pills were taken was recorded on the front of the envelope by the parent, and was returned to the school nurse.

Of those given the medicine, 404 were pronounced cured, (six to eight weeks later) 24 still fluoresced and were given another series of pills, 1 was absent, and 1 failed to take his pills so was given the pills again. Those who were given the medicine again will go to the Medical College of Virginia Clinic in two months where they will be seen by the same dermatologists.

Through the years, children have been cured of this disease by various methods—epilation, ointments, and even "pennies soaked in vinegar"—because the parents were conscientious in following directions or the child reached the age of puberty.

The children in the Richmond Public Schools who have ringworm of the scalp are required to wear stocking caps while in school. This has been a real problem for the parents as the children resent having to wear them. We feel that this was one reason the parents cooperated so wholeheartedly in the new treatment.

The success of this program was due to the fine cooperation of all having a part in it—the Richmond Public Schools Medical Department, Richmond City Health Department, City Laboratory, local dermatologists, parents, and the drug company. We feel that this was effort well spent and that we gained valuable information which should help in controlling this nuisance disease.

* * * * *

NEW TEACHING AIDS

RADIOLOGICAL HEALTH DATA (Pamphlets)

Monthly the U. S. Department of Health, Education and Welfare publishes a report dealing with radiological health. A typical report is concerned with the following topics: Interpretation of radiation level; milk; air; water; and general data. With such widespread interest and concern over the effects of radiation this particular report is an excellent teaching aid for those who wish to keep abreast of the latest developments in this vital field. Single copies, 50¢; $3.00 for six months subscription. Distributed by the U. S. Department of Commerce, Office of Technical Services, Washington 25, D. C.

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ACCIDENTS (Charts and graphs)

This publication is a straight-forward presentation of accidental injury statistics. It is usually the most up to date publication concerning these statistics and contains some excellent graphs and charts which are excellent audio-visual aids.

Break-downs are given for accidental death rates by type of accident, sex and age. There are also break-downs for deaths from non-transport accidents by type and place and occurrence. Limited copies free. U. S. Department of Health, Education and Welfare, Public Health Service, Division of Special Health Services, Washington 25, D. C. 43 pp., 1960.

* * * * *

CANCER (Booklet) "Treating Cancer—Surgery, Radiation, Chemotherapy"

This publication answers the question most often asked about methods used to treat cancer. Stressed is the point that surgery and radiation are the only methods of treatment that can cure cancer, but that chemotherapy probably offers the best hope in the continuing search for a means of destroying cancer that are spread beyond their original sites. The booklet includes an excellent bibliography of recent books and articles that have been written about the treatment of cancer. Single copies, 15¢. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 16 pp., 1960.

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GENERAL (Bibliography)

A recently revised public health service publication which deals with health information leaflets and pamphlets, is presently available from the U. S. Department of Health, Education and Welfare. This bibliography tells how to obtain copies, lists the copies that are free and explains how supplies can be bought. This publication includes a space which may be used for requesting free single sample copies. Free. U. S. Department of Health, Education and Welfare, Washington 25, D. C. 8 pp., 1960.

* * * * *

TUBERCULOSIS (Charts)

This publication is the sixth formal edition of the Tuberculosis Charts series. The charts deal not only with the size and characteristics of the problem of tuberculosis but also the adequacy of efforts to control the disease. Successive years of the tuberculosis chart series consider different aspects of tuberculosis. This year's tuberculosis charts series focuses attention on the geographic variations of tuberculosis in this country. Single copies, 25¢. Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. 24 pp., 1960.

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MENTAL HEALTH (Listing)

The more than one thousand mental health volumes collected in the name of Dr. A. Caswell Ellis, noted educator, are catalogued and listed in this publication. Notes about the collection which are available on inter-library loan from the University of Texas. Single copies, Free. Hogg Foundation for Mental Health, University of Texas, Austin 12, Texas. 12 pp., 1960.

* * * * *

HEART (Psychosomatic Aspects)

This pamphlet is one of a series recently published by the AMA. It is chiefly concerned with how anxiety can affect the heart. Its sub-

headings give the symptoms of heart neurosis, treatment of heart neurosis, the emotions and high blood pressure, symptoms of hypertension, the psychosomatic aspects of treatment of anxiety, heart disease, coronary heart disease, emotional distress, coronary occlusion, sexual problems and heart disease, reactions to heart attacks, denial of illness and depression. Single copies, 20¢. Discount on quantity orders. American Medical Association, 1035 North Dearborn Street, Chicago 10, Illinois. 13 pp., 1960.

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MENTAL HEALTH (Pamphlet)

This publication titled "Emotional and Spiritual Security" is an outgrowth of a series of seminars conducted by the Hogg Foundation for Mental Health at the University of Texas. The seminars have been scientific and secular rather than theological. This pamphlet is designed to present recent knowledge about the dynamics of human behavior and the emotional factors involved in family relations. Stress is placed on the need and techniques of referral to specialists. Single copies, 20¢. Hogg Foundation for Mental Health, University of Texas, Austin 12, Texas. 14 pp., 1960.

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FILMS FOR A UNIT ON SUBSTANCES HARMFUL TO HEALTH

ALCOHOL AND THE HUMAN BODY. State System of Higher Education. 15 minutes, snd., B & W. Shows immediate effects on the body and organs of the ethyl alcohol contained in beer, wine, and liquor. Suggests methods of treating alcoholism.

ALCOHOLISM. EBF. 22 minutes, snd., B & W. Shows how the roots of this illness are imbedded personality difficulties often relating back to the early formative years of the victim's childhood, and how it can be treated through psychotherapy. Presents case study of three types of alcoholics tracing development of the disorder from its origin.

DRUG ADDICTION. EBF. 22 minutes, snd., B & W. Story of a youthful addict emphasizes the hazards of the use of narcotic drugs, the derivation of various drugs, the causes and physiological effects of drug addiction and the treatment for those who are addicted.

NO SMOKING. Sid Davis Production, 3826 Cochran Avenue, Los Angeles 56. 10 minutes, snd., B & W. Narrator explains to boy and girl about cost of smoking, how smoking causes one-third of all fires, and how smoking affects health and length of life. Recommended only way to break habit is not to start it.

ONE DAY'S PRISON. National Film Board of Canada. 30 minutes, snd., B & W. This film is an indictment against the adult neglect or carelessness that can exact such a tragic toll of innocent young life. To counter-balance it as far as humanly possible, poison control centers such as the one in Toronto are on duty day and night, giving advice by telephone, treating cases brought in, waging a never ending fight to save the victims of needless accidents.

PROBLEM DRINKERS. McGraw-Hill text film Department, 330 West 42nd Street, New York 18. 19 minutes, snd., B & W. Depicts a

man's downfall from moderate drinking to controlled excess and how through A.A. he regains his position in the world. Shows community responsibility in treating an illness of this sort, and brings up various other efforts being made to remedy the disease.

SHOULD YOU DRINK. McGraw-Hill. 22 minutes, snd., B & W. Discusses the importance of self-analysis in determining the part alcoholic beverages will play in each person's life. It analyzes motives for abstention, moderate drinking, and excessive drinking.

TOBACCO AND THE HUMAN BODY. EBF. 15 minutes, snd., B & W. Presents analysis of the content of tobacco smoke, shows the effect of nicotine and the various tars on the human body, and explores the reasons why people smoke. The film takes no side in the argument for or against smoking, but presents the scientific facts as they appear today. (1954)

TO YOUR HEALTH. Ideal Picture, 65 E. South Water Street, Chicago 15. 15 minutes, snd., color. Gaylord Houser explains how he makes appetizing, wholesome foods in a matter of seconds with Osterizer. Demostrated are such liquified recipes as sunshine salad, chicken ala Gaylord and non-fattening deserts as the Osterizer liquifies, blends, mixes, grinds, beats, pulverizes, purees, and grates.

WHAT ABOUT DRINKING. McGraw-Hill text film Department, 330 West 42nd Street, New York 18. 15 minutes, snd., B & W. Group of teen-agers discuss the question of use of alcoholic beverages and present various opinions. At end their points of view are summarized and the question is left open for the audience to discuss.

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FILMS FOR A UNIT ON FIRST AID AND SAFETY

CASE OF OFFICER HALLIBRAND. Modern Talking Pic. Serv. 1955. 27 minutes, snd., B & W. The story of a typical traffic policeman. How accidents are caused by selfish inattentive, tired or drunken drivers. Shows how bad drivers cause more loss than all crime and fire combined.

DRUNK DRIVING. Teaching Film Custodians. 1941. 21 minutes, snd., B & W. Cautions the audience "don't drink if you drive, and if you drink, don't drive." Tells story of a tragic accident involving death and ruin of a career.

FLAGGED FOR ACTIONS. Canadian NFB. 1957. 30 minutes, snd., B & W. Careless drivers are "Flagged for action" by Manitoba's Driver Improvement Clinic.

HELP WANTED. Johnson & Johnson. 1942–52. 34 minutes, snd., B & W. Basic Information contained in the beginner's first aid course. Excellent for all grade levels.

HOW TO HAVE AN ACCIDENT IN THE HOME. Walt Disney. 1957. 8 minutes, snd., color. Donald Duck and J. J. Fate show how 5 million accidents occur in the home each year.

IMPACT. Calif. Univ. 1957. 12 minutes, snd., B & W. Automobiles of different construction are used to record engineering and medical data during impact. Slow motion scenes of crushing and extreme collapsing of these cars are shown.

THE INVISIBLE KILLER. Sterling movies USA. 1957. 15 minutes, snd.,

B & W. A story of a prominent citizen killed in an auto accident. A leaking muffler and carbon monoxide are found to be responsible.

TRAFFIC WITH THE DEVIL. TFC. 1948. 21 minutes, snd., B & W. Shows the duties of a traffic control officer in L. A., and compares traffic control problems of today with those of 40 years ago.

YOU CAN BEAT THE A-BOMB. McGraw-Hill. 1950. 20 minutes, snd., B & W. Describes effects of atomic blast and the protective measures recommended before, during, and after the explosion.

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The recently revised "Dental Health Resources Guide" contains a list of more than 240 dental health instructional materials. This valuable reference brings together material not available in any other single source. Teaching aids are classified for ready reference as follows: books, teaching guides, pamphlets, periodicals, visual aids, etc. A brief description of each item is given as well as level of use, cost and source. The Guide also contains a list of agencies, publishers and companies which supply free or inexpensive dental health materials.

The reference was compiled by the Dental Health Committee of the American Dental Hygienists' Association and is available in mimeograph form for 75¢ from the A.D.A., 100 East Ohio Street, Chicago, Illinois.

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The following official statement regarding Crest toothpaste appeared in the August 1 issue of the Journal of the American Dental Association. The Council on Dental Therapeutics reported: "Crest has been shown to be an effective anti-caries dentifrice that can be of significant value when used in a conscientiously applied program of oral hygiene and regular professional care; Crest dentifrice may also be of value as a supplement to public dental health procedures."

We call to your attention the fact that the Council's evaluation of Crest does not constitute an "endorsement" or "approval." The product has been given a Group B classification which, according to the Council, means "there is insufficient evidence" to justify its present acceptance but there is "reasonable evidence" of its usefulness and safety. VICTORIA KROHR, Berkeley, Cal., Oct. 7, 1960

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Many health educators will find of interest a booklet published by the American Heart Association entitled, "Evaluation and Management of Congenital Heart Defects." A 1960 publication, this booklet is designed primarily for the general practitioner to help him appraise, protect and refer for further tests those patients with congenital malformations of the heart.

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Data derived from the "WCOTP Inquiry on Child Health and the School" which focuses on the school health program in the United States has been compiled by Dr. William H. Creswell, Jr. and placed in a United States Summary Report.

Dr. Creswell, Consultant in Health Education for the American Association for Health, Physical Education and Recreation, states that the report represents responses submitted in 1959 by 25 states and appears to present a representative picture of the current school health program in our nation.

The report contains a rather comprehensive overview of both the existing conditions of the program and the problems facing the United States schools relative to school health services, healthful school living and health teaching. The role of the teacher and recommendations for action of teacher's organizations are also considered.

An Important McGraw Hill Book....

HEALTH FOR EFFECTIVE LIVING

A Basic Health Education Text for College Students

By Edward B. Johns and Wilfred C. Sutton, University of California at Los Angeles; and Lloyd E. Webster, Los Angeles County Schools, New Second Edition, 507 pages, $6.25

This fine text has been improved and updated to meet the needs of the growing number of schools interested in teaching the modern approach to health education. Attractive illustrations and a new 2-column format improve readability. The text aims to assist instructors and students by providing coordinates with the college health program and describing the major health needs of college students throughout the United States. Suggested activities are provided to assist the student in appraising his own demands and desires. Ways and means to meet students needs and interests in relation to personal, family, and community health responsibilities are discussed. Main emphasis is given to the total functioning of the individual in his society rather than the purely physiological aspects of living.

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PROBLEMS ENCOUNTERED IN TEACHING HEALTH SCIENCE BY TELEVISION

JOY GARRISON CAUFFMAN, Ph.D.
University of California, Los Angeles

This is the second in a series of articles which discusses the health science television experiment that was sponsored cooperatively by the Columbus Public Schools and the Ohio State University during the 1958–1959 school year.[1] Essentially, the Ohio State University, WOSU–TV, provided the telecasting staff and production facilities and supplies, while the Columbus Public Schools, Department of Instruction, provided the teaching staff and receiving facilities and supplies.

One hundred and fifty lessons, each 20 minutes in length and each dealing with some aspect of personal and community health, were televised. At the close of the experiment, 900 eighth grade students and seventeen receiving teachers, representing twelve junior high schools, were viewing the telecasts on a voluntary basis. In these twelve schools, classes varying in size from thirty-five to 100 students watched the telecasts four or five mornings each week from 9:00 to 9:20 A.M. as a part of their regularly scheduled health education class.

The purpose of this report is to describe some of the problems which were encountered in this educational television experiment. Twenty-one problems have been selected and each will be presented in the form of a question. Following each problem-question the way in which the problem was faced will be discussed.

Problem I. How Was the Studio Teacher Selected?

The task of selecting a studio teacher was assigned to a committee, consisting of representatives from WOSU–TV and the Columbus Public Schools. As their first step, the committee established the following criteria to guide them in their selection of the "best" potential candidate: personality qualifications, scholarship, interest in the field of health science, ability as a classroom teacher and professional recommendations.[2] Considering all criteria, the committee proceeded to select the "best qualified" teacher to assume the role of the studio teacher.

Problem II. How Did the Studio Teacher Learn to Adjust to His New Television Audience?

The audience for the studio teacher was quite different from that which he had experienced in the classroom. Directly, he was facing a television crew rather than a class and the crew was not as stimulating, nor as active as a group of 35 boys and girls. Indirectly, the studio teacher was not facing one class, but many classes. Then too, there were all of those "visitors" that for the first time he was unable to see.

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[1]Joy G. Cauffman, "Experimenting with the Direct Teaching of Health Education by Television in the Columbus Public Schools," *Journal of School Health*, American School Health Association, Columbus, Ohio. Vol. 30, No. 7, p. 260, Sept. 1960.

[2]Radio and television auditions as well as percentile ratings were considered as additional criteria in selecting a second studio teacher later in the school year.

Immediately, you can sense the self adjustment which the studio teacher had to make in order to reach effectively his students in this new type of teaching environment. It was only through television teaching experience and through guidance given by other members of the television staff that the studio teacher was able to adjust to his new audience.

Problem III. How Did Receiving Teachers Learn to Manipulate Their Receiving Sets?

Strange as it may seem, receiving teachers had difficulty adjusting their classroom receiving sets. The finer tuning required by UHF contributed extensively to this mechanical problem, as did, of course, imperfections in individual television sets. It was necessary in most cases to send an engineer out to the classroom to check the sets, to make adjustments, and to offer recommendations. In addition, receiving teachers had an opportunity to develop skills in finer tuning at in-service meetings. And, in some instances, certain students were most helpful in assisting the receiving teacher with the finer tuning.

Problem IV. How Was the Morale of Studio and Receiving Teachers Improved?

At the beginning of the experiment, the somewhat insecure studio teacher was sensitive to criticism from viewers and some of the receiving teachers felt that their classroom teaching privileges were being jeopardized. As a result, morale was low. But, as the experiment continued, it was observed that morale improved. Television staff members believed that personal conferences, workshops, and conference meetings improved morale and helped both the receiving teachers and the studio teacher to understand more clearly their new roles and the roles of others who were participating in the experiment.

Problem V. Were Educational Television Lessons to be Entertaining?

The television staff agreed that a television lesson should be both educational and entertaining. It was the opinion of the staff that well selected forms of entertainment motivate learning. At the same time, however, the staff also agreed that the educational values of the program should not be minimized or misrepresented for the sake of entertainment.

Problem VI. How Were Television Staff Members Able to Provide Lessons Which Possessed Entertaining Elements?

That which is entertaining to an adult may not always prove to be entertaining to a teenager. To make a lesson entertaining, it was necessary to study the teenager and to learn to think like the teenager. It was helpful for members of the television staff to watch the reactions of students in the classroom during the telecast, to observe student discussions during the pre- and post-telecast sessions and to talk individually with students after class. Most of all, it was important for the production staff not to hesitate to try new ideas and to study carefully the ideas that proved to be the most successful. For example, an entertaining idea that the boys and girls loved as an opener for a first aid lesson follows: An emergency rescue unit truck drove up to the studio with its siren blowing. The policeman stopped the truck, ran to the back of the truck and

opened the door. Out jumped the studio teacher! The policeman and the studio teacher then proceeded to show the students the inside of the vehicle and to talk about equipment that is carried in the truck to aid the policemen in handling emergencies.

Problem VII. How Were Audio-Visual Materials Cleared for Television?

The audio-visual coordinators, who were members of the television staff, wrote the companies asking if permission could be granted for showing specific films and filmstrips on specified dates over WOSU–TV. Some companies were very lenient about relinquishing television rights, while others were very reluctant. Whether a given film or filmstrip was used depended on the response from the company. In certain cases, costs were prohibitive, and, as a result, many excellent audio-visual materials could not be used.

Problem VIII. How Was the Work Load of the Studio Teacher Justified?

Although the health science studio teacher had been given additional planning time during the summer preceding the 150 scheduled telecasts, as the school year progressed, it seemed apparent that additional assistance was needed to keep up the production pace. Therefore, the television curriculum coordinator completed a job analysis on the work load of the studio teacher. An analysis revealed that it required approximately 18 hours to prepare one 20 minute telecast. Tasks of the studio teacher involved making individual contacts, developing and writing scripts, rehearsing, preparing and organizing materials for students and receiving teachers, participating in committee activities, traveling, and evaluating telecasts. As a result of the job analysis, at mid-year a second full time studio teacher was added to the television staff.

Problem IX. How Was Content Information Selected?

Primarily, it was necessary for the television staff to involve students and teachers, who were to receive the telecasts, in determining content. Other criteria used in establishing the scope and sequence were two scientific studies conducted in the local schools; namely, a "Health Science" curriculum guide and a "Junior High School Agreements Chart."[3] Also, opinions of experts from the Ohio State University, the Columbus Public Schools, and the larger community were found to be most helpful in selecting content which would meet the health needs and interests of all students.

Problem X. Was It Better to Present Filmed or Live Lessons?

Approximately 100 of the telecasts were filmed mainly because of studio scheduling problems and the remaining 50 telecasts were presented live. According to evaluation reports from receiving teachers and students the live lessons were the most warmly received. On the other hand, it should be mentioned that the filmed lessons did serve certain worthwhile purposes. They were useful at in-service meetings involving

[3]W. W. Miller and Others, *Junior High School Agreements Chart*, Columbus Public Schools, 1959; and Joy Garrison and Others. "Health Science." Unpublished Curriculum Guide, Columbus Public Schools, 1957.

receiving teachers, at planning sessions for future telecasts, as an additional aid for other eighth grade health science classes not participating in the experiment and for general evaluation purposes.

Problem XI. How Were Schools Permitted to Enter the Television Experiment Throughout the School Year?

The television staff believed that any school wanting to enter the experiment at anytime during the school year should be encouraged to do so. The staff especially held this belief since all participating schools had entered the experiment on a voluntary basis. If the television lessons were receiving favorable publicity, then the experiment should be expanded and additional schools should be welcomed. The television staff was well aware that when new schools entered the experiment, new problems would be created. For example, some of the problems which resulted were the planning of additional in-service sessions for new receiving teachers and the securing of additional printed and graphic materials for new classes.

Problem XII. How Many Telecasts Were Presented Each Week?

The plans of the original experiment called for five telecasts per week; that was one telecast for each regularly scheduled class period. As the experiment progressed, the television staff agreed that there should be some class periods "free" of telecasts. These periods possibly would be devoted to a continued follow-up of the preceeding day's lesson or would be devoted to related learning activities such as class experiments and individual projects. The nature of the content presented would dictate the number of telecasts which would be scheduled for a given week. In following this principle, four or five telecasts were presented each week.

Problem XIII. Who Gave Pupil Assignments?

At the first in-service meeting, receiving teachers wanted the studio teacher to select and to give all required assignments, but at the second in-service meeting, the decision was reversed. The receiving teachers wanted the studio teacher to give only suggested assignments, and then not necessarily over television. However, receiving teachers strongly indicated at the meeting that they always wanted suggested assignments to appear on the outline of each lesson which they received from the studio teacher prior to each telecast.

Problem XIV. Was the Pacing of Each Lesson Considered Important?

The television staff felt that it was definitely necessary to strive to present each health science telecast within the allocated 20 minute block of time. According to the studio crew, it was simply good procedure to open and to close all telecasts on schedule. In fact, when programs were "backed-up" to one another, precision timing was the only alternative.

Receiving teachers learned from experience that if telecasts failed to open or to close on time, they had other timing problems within the structure of their established class period.

For the studio teacher, too much material and too many activities could mean that the lesson would run long, or on the other hand, too little material and too few activities could mean that the lesson would

run short. Rehearsals and time studies helped the studio teacher to pace his lesson. He knew that it was important to pace the lesson accurately so that all parts of the telecast would be presented. (The basic parts of the health science telecast consisted of a hook or teaser opening, an introduction to the lesson, development of the lesson, a summary, suggested pupil assignments and future plans.) Also, pacing was necessary so that there would be a natural transition to the following day's lesson.

Of real concern was the fact that good pacing was essential to good viewing and it was agreed that receiving students should gain a feeling of completeness at the close of the lesson and that they should observe a lesson which possessed characteristics of smoothness and wholeness.

Problem XV. How Are the Pressures Experienced by the Studio Artists and the Studio Teacher Lessened in Meeting Art Deadlines?

The studio teacher and artists found that they must work cooperatively in fulfilling art requests for television productions. They must understand each other in terms of verbal and visual interpretations and this indicated that frequent conferences were necessary. Although not every lesson required special art work, when special art work was indicated, deadlines for submitting and completing the art work were established. It was agreed that the studio teacher should have an opportunity to see the completed art work before rehearsal time and that under no circumstances should the studio teacher begin a broadcast not having seen the art work he planned to use.

Problem XVI. How Did the Television Staff Determine When to Use Visual Materials?

Criteria for selecting visual aids were developed. The television staff believed that no visual aid should be used unless it measured-up to the established criteria and above all, it should not be used unless it clearly related to the concept being presented. It was not always easy to conceive an appropriate visual aid to go with an abstract concept, nor to find a visual that was not just superficially related, but fit.

Problem XVII. What Did Receiving Teachers Do When Changes In Their Individual School Schedules Interfered With the Telecast?

In every situation it was recommended that the receiving teachers discuss scheduling conflicts with their building principal. Most receiving teachers found that principals tried to avoid having class interruptions, but, there were times, however, when classes missed the telecasts. When this occurred, the receiving teacher was responsible for making the necessary adjustments in class activities.

Problem XVIII. What Facilities Were Satisfactory for Television Classes?

Regular classrooms were found to be the most satisfactory for the television classes. A large study hall was less satisfactory and cafeterias and a combination auditorium-gymnasium were unsatisfactory. By the end of the fourth month of the experiment, all classes were moved from the cafeterias and from the combination auditorium-gymnasium to regular classrooms. Poor acoustics and the "cold" atmosphere of these

larger areas seemed to be the major objections voiced by teachers and students.

Problem XIX. How Did Receiving Students Learn to Take Notes by Television?

It was suggested at the first receiving teacher conference that they explore principles of note-taking with their students and that they give their students practical experience in taking notes before the first scheduled telecast. Also, the first telecast was devoted to getting acquainted with instruction by television and part of this lesson included a discussion of note-taking by television. The pacing of the first few telecasts was particularly slow so that students would be successful in taking notes and summary statements were included as a part of each telecast to assist students in noting important ideas.

Problem XX. Was It Advisable to Give Receiving Students Tests Via Television?

The television staff believed that it was advisable to give tests by television. Students seemed to accept quite well the objective type tests that were given over television. It was stressed that the television tests should be only one of many ways that receiving teachers would use in evaluating student progress.

Problem XXI. How Should Television Tests be Graded?

Student score sheets were returned to the administrative offices of the Columbus Public Schools for grading by IBM machines. In this way test analyses could be made.

In conclusion, this discussion has: (1) identified the chief problems faced in this educational television experiment; (2) pointed out the necessity of applying the scientific method in order to solve existing problems, and; (3) given individuals who were participating in the experiment an opportuntiy to assist in solving the problems which arose.

Television has proven to be a useful teaching aid not only in health education, but in many other areas of the modern school curriculum. It can be said that, regardless of the problems encountered in this study, educational television is extremely valuable in enriching the learning experiences of boys and girls in American schools today.

* * * * *

Consumers Can Protect Their Own Health is a 33-page booklet which describes a number of ways in which an individual should be alert to and cognizant of protecting his well-being and that of his family.

The author, Harold Aaron, M.D., suggests that hazards such as air pollution, occupational hazards, automobile accidents, dangerous chemicals in foods and cosmetics, radiation hazards, dental decay and chronic illness must be attacked by community action before they undermine the health of individuals.

Also discussed are moderation in smoking, good nutrition, regular exercise, avoidance of proprietary drugs and periodic health check-ups which Dr. Aaron feels are specific ways in which the individual can protect himself.

The booklet is published by the Council on Consumer Information, of which Ramon P. Heimerl, Colorado State College, Greeley, Colorado, is the Executive Secretary.

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